		2021-12 Carriers 2004-54	A 2969
AUTHO	Telecommunications RIZED UTILITY REPR	Carriers 2004-54 RESENTATIVE FORM 2000-3	-C 296'
	CERTIFICATED COMPANY	173	200
Company Name:ComTech21, LL		FEIN/SSN:	2/
DBA/FKA:		Telephone #203-679-7257	12/2
Mailing Address: One Barnes	s Park S		
City:Wallingford	State:CT	ZIP Code:06492	ton

Wireless ETC

ZIP Code:29073

CLECX

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

State:SC

REGISTERED AGENT INFORMATION

City:Lexington

Registered Agent: Incorp Services Mailing Address: 317 Ruth Visa

ILEC

IXC

	UTILIT	Y REPRESENTATIVE INFORMA	TION
General Manager			
Name:Richard Minervino			
Address:One Barnes Park	S		
City:Wallingford		State:CT	ZIP Code:06492
Phone:2036797000	Email:reg	ulatory@comtech21.com	Fax:8773125544
Emergency Contact - N	on Office Hou	rs	
Name: Customer Service			
Phone:8773125564	Email:cus	Email:customersupport@comtech21.com Fax:8773125544	
Customer Relations/Co	mplaints Rep		
Name:Laura Matosian			
Address:One Barnes Park	S		
City:Wallingford		State:CT	ZIP Code:06492
Phone:2036797257	Email:regu	julatory@comtech21.com Fax:8773125554	
Complaints Rep for Cor	nplaint Escala	tion	
Name:Laura Matosian			
Address:One Barnes Park	South		
City:Wallingford		State:CT	ZIP Code:06492
Phone:2036797257	Email:regu	mail:regulatory@comtech21.com Fax:8773125544	
Customer Toll Free Con	tact Number:	8773125564	
Engineering Operations	5		
Name:Michael Pratt			
Address: One Barnes Park	S		
City:Wallingford		State:CT	ZIP Code: 06492
Phone:2036797018	Email:mp	ratt@theaeonsolution.com	Fax:
Test and Repair			0.2.202
Name:Customer Service			1 CD 0 % Z0Z
Address:			PSC SC
City:		State:	ZIP Code: MAIL / DMS
Phone:8773125564	Email:cus	tomersupport@comtech21.com	Fax:8773125554

	UTILIT	Y REPRESENTATIVE INFORMATI	ON	
Regulatory Officer				
Name & Title:Laura Matosian				
Address:One Barnes Park S				
City:Wallingford		State:CT	ZIP Code:06492	
Phone: 2036797257	Email:regulatory@comtech21.com		Fax:8773125544	
Annual Report Form Mailin	gs			
Name & Title:Same as Above				
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Dual Party Invoice Mailing	5			
Name & Title:Same as Above				
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Universal Service Fund Ma	ilings			
Name & Title: Same as Above	9			
Address:		:		
City:	City:		ZIP Code:	
Phone:	Email:		Fax:	
Gross Receipts Mailings				
Name & Title: Same as Above	9			
Address:				
City:		State:	ZIP Code:	
Phone:	Email:		Fax:	
Lifeline Contact			•	
Name & Title:Same as Above				
Address:				
City:		State:	ZIP Code:	
Phone:	Email:	7444V	Fax:	

FORM PREPARER INFORMATION							
This form was completed by: Laura Matosian							
Signature: Rama Matoriai							
Title:VP Operations	Date:	4	28	121			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department 101 Executive Center Drive, Suite 100

Columbia, SC 29210

AND

Office of Regulatory Staff Attn. Kari Munn 1401 Main Street, Suite 800 Columbia, SC 29201